



Barbara Olsen Designs

artworks
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BILL TO:
Address:

SHIP TO:

Phone:
Email:

Purchase Order #:

Date:

Account Number:

Email: skgsales@aol.com

Req. by	Ship When	Ship Via	FOB	Buyer	Terms	Tax ID

Collage or Print	Item Description	Color Frame	Quantity	Unit Price	Total

Method of Payment

____ Visa ____ MC ____ AMEX ____ COD ____ Other

Card Number: _____

Expiration Date: _____ Month _____ Year

Signature _____

Subtotal	
6.5% tax Ohio residents only	
Shipping charge to be calculated	
Balance Due	